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ABSTRACT

This journal issue examines the four key areas for major policy action identified by the Carnegie Task Force in its report, Starting Points: Meeting the Needs of Our Youngest Children. The four areas of policy recommendation are: (1) promoting responsible parenthood, concerned with preventing adolescent pregnancies and unwanted births, teaching about effective parenthood in elementary school years, and developing an explicit national family planning program; (2) guaranteeing quality child care choices, by way of family-based child care and help from corporations for their employees; (3) ensuring good health and protection, through comprehensive primary and preventive care services and violence-free homes and neighborhoods; and (4) mobilizing communities to support young children and their families, with a recommendation to expand Head Start and use it as a model to meet the needs of more low-income families with infants and toddlers. Included in this issue are sidebars on the Union City Day Care Program in New Jersey, the Avance Center in Texas, and the Boston City Hospital's department of pediatrics. Also included is an article on creating a culture of responsibility toward young children, adapted from a speech presented during the conference at which the Carnegie Task Force released its report. (BAC)



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# OUR BABIES, OUR FUTURE

CHLDRNS SEKRET GRDN reads the child-produced sign on the wall of a small, square, sunlit annex to the office of Dana W. Berry, executive director of the Union City Day Care Program in New Jersey. The children, some as young as two years, have dug up the soil, planted the trees and flowers, and created and labeled their secret garden.

It is lunch time. In one of the center's brightly colored rooms, four adults are feeding youngsters ranging in age from six months to a year. A nine-month-old briefly turns his round, cherubic face with a broad smile to the visitor, away from the grandmotherly woman who is spoonfeeding him a green vegetable puree. This snapshot of life in the infant's first year suggests a world of happy possibilities ahead. Right now, a return to the next spoonful is all that matters.

The scene changes to the intensive care unit of the department of pediatrics at Boston City Hospital. For a baby

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born two months earlier and weighing less than two pounds, even survival is uncertain. He may have to spend from two to six months in intensive care, at an estimated cost of $1,000 a day. If high-tech medicine extends that fragile life, a world of struggle against the probability of physical, mental, and emotional deficits lies ahead.

## THE MIRACLE OF CREATION AND GROWTH

The conception and birth of a healthy baby remains a miracle of creation. For each couple, the start of a new human being should be a time of joy and also of commitment to new responsibilities. To a large extent, the prospective parents will determine the future life of the baby they will have.

In contemporary America, that commitment, if thought about at all, is too often rashly made and poorly kept. Too many babies are brought into the world unintended and damaged, and subsequently inadequately cared for. Many are born at dangerously low birthweights; too few are immunized against childhood diseases; too many are physically abused. At least half of all children are born to girls younger than eighteen, many of them ignorant of an infant's needs and a mother's duties. More than half of these have fathers who do not live in the home. In this rich nation, one in four babies starts life in poverty.

Good things happen to babies raised by caring, attentive parents in safe, healthy, clean, well-ordered surroundings. During the first year, parents, or other adult caregivers, who understand babies' bodies, minds, and emotions plant the seeds from which future positive attitudes, behavior, personality, and living patterns take hold. Parents influence the infant's, and later the child's, behavior by establishing consistent routines, teaching what is acceptable and what is not, and guiding healthy habits.

There is infinite pleasure in watching a baby develop in a family of dependable, caring adults. Babies thrive on loving contact with parents — being held and coddled, sensing the pride and pleasure in the parent's faces, and hearing the sound of mother's or father's reassuring voice. It is then that a sense of trust is built that sends the infant on a confident course toward the exploration of a world where friendly relationships can be formed, first with other adults and then with other children. These early experiences are building blocks for intellectual competence and emotional security.

Such possibilities are not created by parents in isolation, however. Their success depends on many factors. Ideally, they should count on having a supportive community, with access to high-quality social and health services and effective parenting education programs. They should be financially secure, confident of reliable employment, and entitled to adequate time away from the job to take care of their infant in the months after birth.

Although parents and experts have long known that the earliest years determine to a large extent how children will respond to challenges and opportunities presented to them from the preschool years through adolescence and into adulthood, science has now given rational explanations for what has long been a source of parental wonderment. Before age one, the brain develops more rapidly than has previously been imagined, and that development is more vulnerable to environmental influence than had been suspected. The environment, scientists have found, affects the number of brain cells and the number of connections between them. When nutrition and nurturing are inadequate, young children's brain function and overall development can be compromised, placing them at greater risk of a variety of cognitive, behavioral, and physical problems. Deprivation and neglect or outright harm in the early years can leave deep wounds that are difficult to heal.

Fortunately, children are resilient, and some deficits created by errors in their early upbringing may be repaired by positive intervention later. But the costs of reversing the ill-effects of a poor start increase as the child grows older, and the chances of undoing the damage diminish.

## THE "STARTING POINTS" REPORT

Beginning in 1991, the developmental needs and condition of children under the age of three became the focus of a task force of educators, social scientists, child development specialists, business leaders, and others appointed by Carnegie Corporation. The goal of this high-level study group was to synthesize and disseminate the best available knowledge from research, to assess the effectiveness of programs and policies on young children's behalf, and to determine how best their needs could be met to ensure healthy growth and development.

The report of the task force's findings and recommendations, called *Starting Points: Meeting the Needs of Our Youngest Children*, was published in April 1994 in conjunction with a national conference the Corporation sponsored in Washington, D.C. In it the task force identified a "quiet crisis" of national neglect affecting this crucial age group. As David A. Hamburg, the Corporation's president, observed in the introduction, "In the United States today — probably the most technologically advanced, affluent, and democratic society the world has ever known — the crucially formative years of early childhood have become a time of peril and loss for millions of children and their families."

Eleanor E. Maccoby, professor of psychology emeritus at Stanford University, and Julius B. Richmond, John D. MacArthur professor of health policy emeritus at Harvard Medical School, cochaired the task force after

Richard W. Riley, the original chairman, was appointed U.S. secretary of education. In their joint statement they declared, "Awareness has been growing that this 'quiet crisis' in the lives of so many young children threatens not only the children themselves, but also our future as a nation."

Among the factors the task force said have led to the crisis are: inadequate prenatal care; parents isolated by divorce; mothers abandoned by the babies' fathers; poverty and substandard child care; failure to stimulate the infants' intellectual development; and lack of community support for parents and children.

The report highlighted the "remarkable degree of consensus that is emerging on the essential requirements that positively influence a child's early growth and development as well as the ways that parents and others can provide our youngest children with a healthy start."

While it held out no single answer, no single solution to the many problems facing children under the age of three and their families, the task force offered what it believes to be "realistic, workable measures" for ameliorating the problems it documented. The group called for major policy action in four key areas that constitute vital starting points for both children and their families:

- Promote responsible parenthood
- Guarantee quality child care choices
- Ensure good health and protection
- Mobilize communities to support young children and their families

Many of the measures the task force recommended are already in place in some localities and have proved successful there. They only need to be replicated and expanded to help more young children and their families throughout the country.

## PROMOTING RESPONSIBLE PARENTHOOD

At the very beginning, the task force urged, parenthood must be responsibly planned to prevent adolescent pregnancies and unwanted births by women of any age and to avoid damaging behavior, before and after conception.

At the national conference, task force member Kenneth J. Ryan, former chairman of the department of obstetrics and gynecology at Brigham and Women's Hospital in Boston, emphasized that "children from planned pregnancies do better in their health, in school, and in later life. A responsible parenthood is thus more often a planned parenthood."

Unfortunately, in the United States in the 1990s, Ryan noted, "we don't do so well in that regard." The United States has the highest rate of unintended pregnancies in the industrial world.

Women who get unintentionally pregnant are less apt to seek early prenatal care, quit smoking, spurn drugs, or take care of the health needs and immunization of their children. When teenagers get pregnant, all the problems are compounded. Children of adolescent parents are more likely to develop behavioral problems, suffer violence at home, and eventually become teenage parents themselves.

Teaching about the requirements of effective parenthood needs to start in the elementary school years, stated the task force report. It must continue when adolescents are old enough to conceive but not old, wise, emotionally mature, and economically stable enough to act as responsible mothers and fathers.

Herant Katchadourian, professor of psychiatry and behavioral sciences in the Program in Human Biology at Stanford University, thinks "there is much to be said for sexual abstinence during youth. And this must be said in earnest and not just as a preamble or a grudging concession. But abstinence can only be a first line of defense, and there must be a fallback position, which makes allowance for sexual activity for whatever reasons and for better or for worse without the added penalty of unwanted pregnancy."

Dealing with the problem entails education, getting across the facts, skill building, the ability to say no or to learn how to get out of high-risk situations, involving parents in the educational process, and providing ready access to contraceptive counseling and actual contraceptives right in the school clinic, says Katchadourian. "You put them two blocks away, and the kids will not cross the street to go and get them."

Ryan would "like us to have national, state, and local goals to reduce teenage pregnancy — to match our services and educational programs against our results. That's something that can be done without a lot of resources if we only have the will to do it."

To reach that goal, he said, calls for an explicit national family planning program.

*(Continued on page 6)*

## THE COSTS OF NEGLECT

Each year, American taxpayers reach deep into their pockets to meet the costs, both direct and indirect, of policies that are based on remediation rather than prevention.

▶ In the six years between 1985 and 1990, estimated public outlays related to teenage childbearing totaled more than $120 billion. More than $48 billion could have been saved if these births had been postponed until the mother was age twenty or older.

▶ Of teens who give birth, 46 percent will go on welfare within four years; of unmarried teens who give birth, 73 percent will be on welfare within four years.

▶ In 1991, federal and state expeditures for Aid to Families with Dependent Children, the largest entitlement program for poor families, totaled $20 billion plus administrative costs of $2.6 billion.

▶ In 1991, the estimated annual cost of treating fetal alcohol syndrome was $74.6 billion.

▶ Initial hospital care for each low-birthweight infant averages $20,000. Total lifetime medical costs for a low-birthweight infant average $400,000. ■

— From *Starting Points*

# AVANCE: A RESPONSE THAT WORKS

In San Antonio, Texas, babies and their families have been making news — from *The New York Times* to newspapers in Texas and in between and beyond — in a program that is taking action to turn crisis into progress. Twenty-one years ago, a young first-grade teacher was appalled that the schools and the community had given up on so many Hispanic children. Gloria G. Rodriguez, a member of the Carnegie Task Force on Meeting the Needs of Young Children, was herself a child of the poor barrios. She decided that to give these youngsters a fair chance, their nurture and education had to start at the very beginning of their lives. Parents would have to be trained to be their babies' first teachers.

With the help of the Zale Foundation in Dallas and a determined door-to-door search in a housing project to recruit mothers and fathers, Rodriguez, now its president and chief executive officer, founded Avance. In 1973, she began her campaign with fifty mothers; today, with help from local communities and other foundations, including Carnegie Corporation, Avance operates forty-six centers and has expanded to Houston and the Rio Grande Valley.

Each year, Avance serves 5,000 individuals, largely in the Mexican American community but increasingly also reaching out to poor African Americans. It educates parents, primarily mothers, even before their babies are born. It teaches them the fundamentals of caring — health, nutrition, cleanliness, and patience. More than anything, it teaches self-esteem, encouraging poor, often destitute, women to dream. Many of its trained staff members are themselves Avance graduates.

Gloria Gonzales, the manager of the Avance center at San Antonio's Mirasol housing project, recalls that, sixteen years ago, she was an Avance client. She studied for, and got, her high school diploma, and went on to college, majoring in child development. Her own two daughters are now twenty and twenty-nine years old.

"Avance told me to dream," she says, "and everything I dreamed came true for me and my children."

Another center manager, Rita San Miguel, came to Avance as a teenage unwed mother without parenting skills. She knows now that she was a child trying to raise a child. Avance taught her how to read to the toddler and help him develop his skills, along with her own. Then, she waited for nine years before having a second child in a stable marriage.

Directly or implicitly, the parents (working fathers are urged to attend classes at night) are taught values, ranging from respecting each other and their children to those cited in talks by representatives of such organizations as Planned Parenthood to discourage unwanted pregnancies.

"If children don't get values from their families," says Rodriguez, "they get it from the gang or the media."

At the Lincoln Courts (housing project) Center, two- to three-year-olds are proudly showing off their home-made policemen's hats. They pretend they are cops working out of a home-made police station, and they talk with their teacher-volunteer about a policeman's duties and how the officers can be the children's friends. At previous sessions they had been letter carriers or fire-fighters or even doctors working out of a toy hospital. Some toddlers sit in the library area looking at picture books.

A seven-month-old is asleep in a crib while his mother, a former school dropout, attends college. At latest count, 60 percent of the mothers who started in the Avance program have gone on to get their high school equivalency diplomas. Eighty percent of the staff are Avance graduates.

Typically, in the Avance program, the mothers or mothers-to-be of babies and toddlers meet for three-hour sessions at centers in housing projects or schools. They learn, says Rodriguez, about child growth and development, and about children's physical, emotional, social, and cognitive needs. Their average age is twenty-three. At horseshoe-shaped tables, they make toys for their children — dolls, books, hobby horses. Round pillows, with one side showing a sad face and the other side a happy one, are the mothers' and children's favorites.

Making their children's toys is also a way to learn how to play. "These women," says one of the supervisors, "could not teach their children how to play because they never played when they were children."

Toy making gets the women to talk to each other, moving them out of their isolation. While they often did not even know their neighbors in the housing projects, they now see themselves as part of a community.

In other classes, the women may listen to a lesson about discipline or nutrition or a baby's need to be hugged and talked to, or they may be shown how to use a library, how to select books to read to their children or just to look at pictures with them. Mothers without, or with limited, knowledge of English are taught English-as-a-Second-Language.

Sharon Gamble Padia has four children, ages fifteen, nine, two, and seven months. She is currently working toward an Associate of Arts degree in English and Spanish and hopes to become a translator. In Avance, she says, "we learned to sit down with the children, make time for them." Proudly, she adds that all her school-age children are in classes for the gifted.

While a twenty-nine-year-old mother was studying English, Victor, her two-year-old son, happily involved in a play group next door, was already fluent in English. The youngsters often act as interpreters for their parents. "The kids are like little sponges," says a teacher. "They soak up learning."

To check up on the mothers' progress, Avance staff members visit the parents at home at least four times a year.

Whenever possible, the role of the father is stressed. If the men work, special meetings are held for them in the evening. On a recent Tuesday night, a strapping day laborer said he was the father of eleven children but he was studying for his high school equivalency diploma and hoped to make it into college. It would make him a better husband and father.

The Avance course lasts from September until May. At the end, mothers and youngsters don white academic caps and gowns for a formal graduation ceremony. The two- and three-year-olds bring their favorite toys their moms made for them. They sing two songs, one in English and one in Spanish, and get a picture taken in their resplendent academic regalia.

"Maybe one day," says Rodriguez, "they will want another cap-and-gown ceremony at graduation from high school or college." ■

## THE CASE FOR COMMUNITY CHILD CARE

*Starting Points* says: "For healthy development, infants and toddlers need close relationships with a small number of caring people, beginning with their parents and later including other adults. Infants and toddlers develop these relationships in safe, predictable, intimate settings. But too often many parents of infants and toddlers have few child care choices. Most are concerned about what will happen when they are not with their baby; they seek a provider who they think will give the baby the kind of care and consistency they would if they were at home. Unfortunately, many parents are forced to 'make do' — to accept care that is safe and affordable but that falls short of the quality they would like for their young child. Many find themselves searching again and again for new arrangements as their initial 'choices' prove unreliable and unstable. The disruption to the child, the family, and the parents' working life is immense and costly."

Expressing a view widely shared among child development experts, Edward Zigler, director of the Bush Center in Child Development at Yale University and task force member, insists that infants should not be in child care outside the home during the first few months after birth. During that period, he says, the best place is in the home and in the care of the parents, "typically but not invariably the mother." He underscores this view with one of the task force's high-priority recommendations of four to six months of paid parental leave.

After those months, child care becomes important. Zigler deplores the fact that many people view child care only as a service that permits parents to work. "It ought to be seen as an environment that helps determine early social skill development, character formation, and the child's self-confidence."

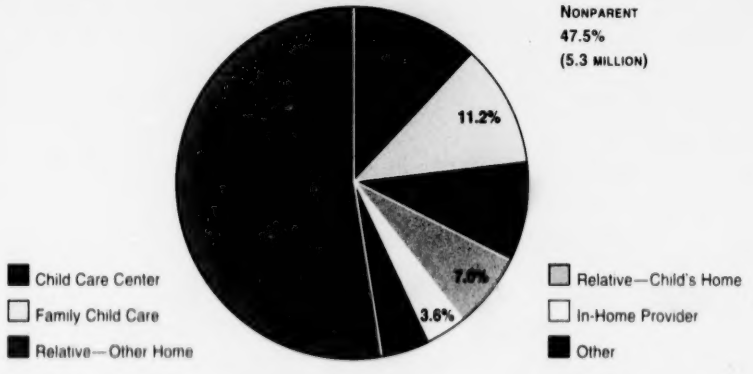
Quality child care, he adds, enables a young child to become emotionally secure, socially competent, and intellectually capable. Children who receive inadequate or barely adequate care are more likely later to feel insecure with teachers, to distrust other children, and to face possible later rejection by other children leading to early dropping out of school and delinquency.

"If the quality is high, this will be the child's earliest out-of-the-home learning environment, and the child will thrive. If the quality is low, the child's development will be compromised."

"The way our nation is treating young children in out-of-home day care I consider a tragedy," Zigler charges.

## WHO LOOKS AFTER AMERICA'S YOUNGEST?

In 1990, more than five million infants and toddlers were being cared for by another person while their parents worked.




Source: S. Hofferth *et al. National Child Care Survey, 1990*. Washington, DC: Urban Institute, 1991.

## FAMILY-BASED CHILD CARE

Much nonparental child care, quite properly and of necessity, takes place in the home of the provider. In fact, 33 percent of preschool children with employed mothers are cared for in the home of relatives and nonrelatives compared with 2 percent who are cared for in child care centers. Ellen Galinsky, copresident of the Corporation-supported Families and Work Institute, points to the importance of quality in this form of care. According to a study conducted by the institute, parents, regardless of their ethnic background or income, define quality as meaning first of all that the children are safe, that there is friendly and satisfying communication between parent and care provider, and that the children enjoy the kind of warmth and attention that makes them happy.

Children's minds develop, says Galinsky, when they are under the care of "someone who talks to them and asks them questions and gets them to think and then to express themselves," and this, she adds, is true for children regardless of their families' income and ethnic background. The popular perception tends to be that the lack of mind-nurturing child care affects only low-income families; but with both fathers and mothers in the work force, many middle-income and affluent families leave their young children in care where they are not talked to and encouraged to express themselves. The problem of inadequate child care that impedes the youngsters' mental development cuts across all races, classes, and incomes.

# GENERATIONS TOGETHER: THE UNION CITY DAY CARE PROGRAM

The visitor's first impression of the center is one of bright colors run rampant. The walls are covered with children's work — drawings and writing, exuding fun and free expression. For the babies, there are cribs; toddlers can relax in "quiet corners." After lunch, youngsters sleep or rest on mats.

From a "library corner" comes laughter over a Spanish version of the Three Bears — "Who's been sleeping in my bed?" A discussion follows in English.

In a "writing area," children as young as three years are showing off the beginning of their skills with letters.

There is a "beauty salon" and a small doctor's office where a youngster is taking a doll's blood pressure and then pretends giving it a shot.

Large windows look out on a riot of flowers and trees.

Executive director Dana W. Berry of the Union City Day Care Program in New Jersey has created another kind of family model, in some ways not unlike the Avance concept in San Antonio. The center is open from 7:30 in the morning until 5:30 in the afternoon. "We bring in the parents with their children and urge the mothers to work toward their high school equivalency diploma," Berry says.

At the same time, as in Avance, they learn how to make toys for their children — a clown, a lion and other animals.

An intergenerational approach in the Family Learning Center aims at "breaking the cycle of poverty." An eight-week training course for seniors, mostly women, has graduated 295 since 1988 to serve as English- and Spanish-speaking teachers or bus aides.

Many had not known anybody in the community. "Now, we're a family," one woman says. Another had lost her husband and her job. She needed activity and some income. "I like to work with children," she says.

A seventy-three-year-old woman had been a clerk in a senior citizens office. After the job came to an end, she says, "I sat at home and was going crazy." Now she is a paraprofessional child care worker. "We really love the kids and they love us."

"We've evolved from a child care center into a family education center," says Berry. "We take care of children from six months to six years." The center is multicultural and bilingual. The mothers must participate in a program that leads toward their high school equivalency diploma and, as at Avance, they attend classes at the center while their children are in child care.

Home visitors "bring literacy and the library into the homes." They suggest posting the children's work on the refrigerator door. Now, says Berry, the mothers sit down and read to the children or tell stories instead of just turning on the television. This, she adds, makes the point that reading and writing are important to creating an educated community. "We are putting generations together to learn together," she says. "For the seniors it's a new lease on life."

As the children grow older, Berry says, "we are getting them ready for school." ■

## CORPORATIONS CAN HELP

Corporations, says *Starting Points*, can provide for their own employees and help the business community make the work place more family friendly. Working parents want business to offer benefit plans that include on-site or nearby child care and flexible work schedules.

Too few corporations live up to those expectations. Richard B. Stolley, senior editorial advisor of Time, Inc., and president of Child Care Action Campaign, recalls his conversation with the chief executive officer of a major investment firm. When Stolley pointed out that on-site child care at his headquarters would reduce absenteeism, increase productivity, and make employees happier, the executive replied that his company had just had the best year in its history. "What could child care do to improve on that?" he asked.

American companies have resisted helping employees with child care for a lot of reasons," Stolley says. "Some dumb, some shortsighted, and all of them wrong."

Fortunately, such attitudes are changing at increasing numbers of corporations. His own Time-Warner Company has opened a model child care backup center to take care of employees' children during unexpected emergencies. The company also offers twenty-four-hour at-home emergency services for sick children and parenting seminars for employees during lunch hours.

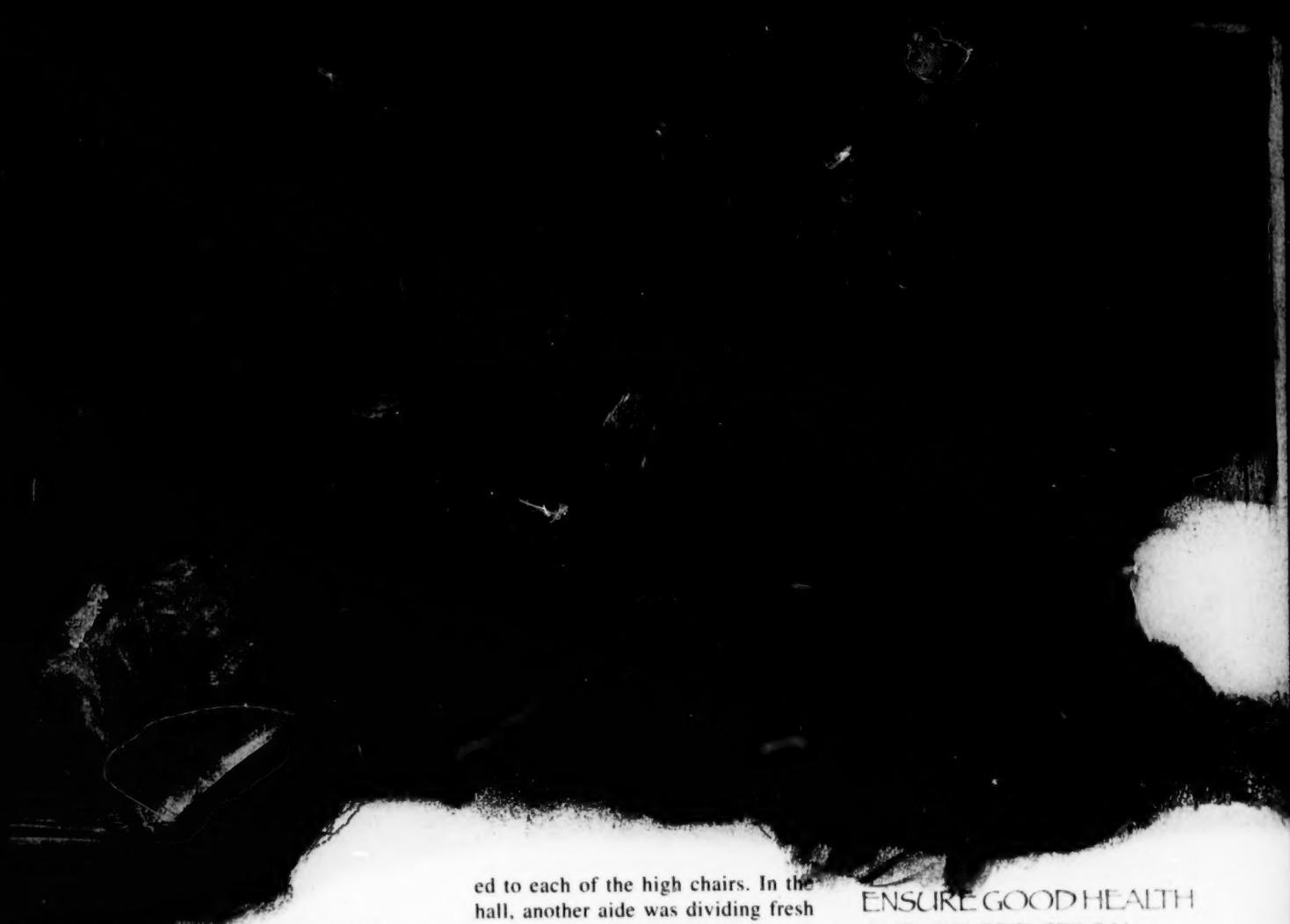
At Johnson & Johnson's world headquarters in New Brunswick, New Jersey, the company's child development center is open Monday through Friday, from 7:30 in the morning to 6:15 in the evening. It will stay open until 7:00 P.M. for employees who find they must stay a little later in the office. The center is one of four the corporation operates at various locations in New Jersey and Pennsylvania.

"At Johnson & Johnson, we hold the conviction that the future success of our nation begins with the health and wellness of our children," says chairman and chief executive officer Ralph S. Larsen.

In bright, spacious [illegible] light streaming [illegible] skylights and oversized windows, caregivers provide an active learning curriculum geared to meeting the developmental needs of children ages six weeks through kindergarten. Professional caregivers are assisted by young women, many from neighboring Rutgers University. At present, the center cares for 180 children.

"The origin of our program goes back to 1987 with the formation of an internal task force assigned to survey employee attitudes and needs about child care and other work/family issues," says Christian C. Kjeldsen, vice president of community and workplace programs for Johnson & Johnson.

"We asked ourselves, 'Do we really want to get into this?'" One question that emerged was, "Who is caring for their children?" The answer was an invitation for the corporation to step in to fill the void.



to support child care needs, we are investing in our greatest strength — our employees — and investing in our future," says Kjeldsen. Johnson & Johnson offers up to one year of unpaid family care leave. The employee returns to the same job if the leave is taken for no longer than three months. Either the same or a comparable paying job is assured if the leave is taken between the three-month and one-year period.

For infant care at the child development center, the weekly fee is $164. Johnson & Johnson subsidizes a percentage of the total cost. Financial aid also is available based on gross family income. This compares favorably with the costs cited by *Starting Points* for high-quality care of infants and toddlers — from $185 to $200 a week in many communities.

On a recent morning, six one-year-olds in a sun-splashed room were eating vegiburgers that the staff had distributed to each of the high chairs. In the hall, another aide was dividing fresh berries into individual portions.

In a room for toddlers to two-year-olds, there were ten children. In the next older group, twelve children were grouped together.

Ann Grant, the center's director, said the youngsters were gradually moving toward such activities as reading. She pointed to the "Reading Railroad," pinned to a wall in the corridor. Each car showed the name of a book a child had read.

A special-activities room was equipped with computers; another encouraged children in the free and messy use of colors, with drainage in the floor making cleanup easy.

A "get well" unit takes care of mildly ill but not contagious children. A special ventilation system "keeps the bugs out."

"I think above all," Kjeldsen says, "the child development center provides employees with a peace of mind that enhances their ability to focus on their jobs."

## ENSURE GOOD HEALTH AND PROTECTION

When young children grow up healthy, they are more likely later to succeed in school and in time form a more productive workforce and become better parents, says the Carnegie task force.

For infants and toddlers to gain a healthy start, it is essential to pay attention to a mother's and baby's nourishment. "Inadequate nutrition before birth and in the first years of life," says Kathryn Taaffe Young, director of studies for the task force, "can so seriously interfere with brain development that it may lead to a host of neurological and behavioral disorders, including learning disabilities and mental retardation."

To be healthy, infants and toddlers need comprehensive primary and preventive care services, including immunization. They need to be in safe homes and neighborhoods. Not least, they need parents who have learned how to resolve their conflicts without violence.



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## WHEN YOUNG CHILDREN WITNESS VIOLENCE

The task force concluded that repeated exposure to violence is a major threat to children's physical, intellectual, and emotional development, starting in their mother's womb. Women face the highest risk of violence by a male partner during their childbearing years and most particularly during pregnancy. The abuse of pregnant women increases the risk to an infant of being born underweight, premature, or with birth defects, or even of dying.

The incidence of child abuse, much of it unobserved and unreported, is a national tragedy. The task force reported that one in three victims of physical abuse is a baby. Almost 90 percent of children who died of abuse and neglect in 1990 were under the age of five. Fifty-three percent of those who died from these causes were less than a year old. Unintentional injury is a leading cause of death among children aged one to four.

Barry Zuckerman, a task force member who is professor and chairman of the department of pediatrics at Boston University's School of Medicine, sees the profession of pediatrics at a hospital as much broader than caring for sick infants and children. He encourages the staff to look beyond its important but narrow professional functions.

He points out that professionals who deal with infants and their families are often the first to discover the damage inflicted by domestic violence. He worries about children who, at an early age — as toddlers or even sooner — have witnessed violence among the adults who should be their protectors. These children he calls "silent victims." They are not counted. Their needs have not been adequately identified or addressed in policy or clinical discussions. He confirmed the task force warning that, by the end of the first year, infants have a reasonable memory of important, major events that have particular meaning for them. When the environment is not safe, children feel helpless and ineffective. Young children have difficulty sleeping and show increased anxiety and fearfulness.

Zuckerman also serves as chief of pediatrics at Boston City Hospital. In his clinical work, he has noticed that when some children stop eating and thriving, their changed behavior is often the result of having seen violence in their homes, committed against someone close to them, such as their mother. Some of the children so affected are only a year or eighteen months old.

One in every ten children coming to the hospital's primary care clinic, Zuckerman says, has witnessed a shooting or stabbing before the age of six. Half of these occur in the home, the other half on the streets.

"As children grow older and go to school," Zuckerman says, "intrusive thoughts and concerns and worries about violence interfere with their ability to focus and concentrate. That's a phenomenon familiar to all of us. If something bad is on your mind, you're not going to pay attention. These kids have some of these issues on their mind every day. It's very hard for them to pay attention."

Witnessing of violence, Zuckerman says, "affects children's behavior and their ability to establish peer relationships. They are more aggressive. They fight more often." As an example, a three-year-old child who has seen

# BOSTON CITY: A CHILD-ORIENTED HOSPITAL

A young mother arrives at Boston City Hospital with her toddler. As she waits for her appointment, an older woman appears with an armful of books and asks if they would like to listen to a story. When they subsequently meet with the pediatrician, he talks, not just about the child's health but about how important books are, even for the youngest children. Then, he gives mother and child a colorful book to take home to look at, to read, and to keep.

A strange medical prescription?

Not in the experience of Kathleen Fitzgerald-Rice, an early childhood specialist at the hospital and a former special education teacher of children in poverty. An associate of Barry Zuckerman, who heads Boston City's department of pediatrics, she considers it essential to get books into the hands of children at an early age if they are to develop a love of books and the skill to read. It is medicine for the mind.

Fitzgerald-Rice is one of the founders of the hospital's five-year-old Reach Out and Read (ROR) program, which she still runs. "We start out [with infants] at six months," she says. "We give them a picture book, and we see their eyes light up. Every time the parents bring their infants to a doctor here, they get another book. By the time the kids are five, they have a little library."

ROR has enlisted volunteers to read to children in the waiting room where there is a bag full of books. Mothers have been known to call the hospital to find out at what time somebody will be reading to kids before making an appointment. "Sometimes, the waiting room looks like a library," Fitzgerald-Rice says. "We also read to children who are inpatients, even in the emergency room."

Over the years, ROR has become more sophisticated. It makes an effort to imbue doctors and nurses with an understanding that reading failure escalates into school failure and the resulting lack of self-esteem often leading to delinquency, drug use, and teenage pregnancies. And so it becomes quite natural for these health practitioners to take time out to tell parents of infants about the importance of books.

Zuckerman, who sets the tone of child-oriented thinking among the hospital staff, says: "Pediatricians have a special opportunity to help parents nurture the development of literacy in young children." But he and his colleagues are also aware that it will take time and effort to include an understanding of the importance of literacy development in young children in the medical school curriculum and the pediatric residency training. ■

significant violence at home or in his community may respond to a child who accidentally bumps into him by punching or shoving that child. Such behavior can eventually lead to life-threatening reprisals among adolescents.

Children who witness violence need close attention, not only because they have suffered a significant trauma but because watching violence, especially when it occurs over and over again, may turn them into future perpetrators or victims of violence. Violence at home or in the society at large is therefore a clear and present danger to children growing up in the midst of it.

It was out of first-hand observation of the effects of violence on children that Boston City's Witness to Violence Project was born. Betsy Groves, a pediatric social worker who organized the program, says, "Children who witness violence at home are harmed, even if they are not physically hurt." While some children are exposed to street or gang violence, two-thirds of the referrals of youngsters aged six and under are victims of domestic violence.

These children, Groves says, "see the world as a hostile place, and once they get older they arm themselves. They need help to see that the world isn't necessarily dangerous. And mothers need help in calming the child, especially at bedtime."

After a father leaves the mother, he often still wants to keep up some relationship with the child. But Groves and other social workers in the hospital warn of potential violent conflict, as in the case of a fifteen-year-old girl. She gave birth to a child and two years later was made pregnant again by another man. "The first father is in jail. What will happen when he is released and the two men face each other?" The case, not unusual, illustrates the link between unstable families and the potential for violence, with the children either victims or witnesses.

One remedy, Groves says, is quality child care for children who have already experienced some abuse or have witnessed violence. Early Head Start for two-year-olds "would be a wonderful help."

Part of the answer, she adds, is effective cooperation with the police. After running two ten-week seminars for the police department, she is convinced that the officers are serious about wanting to help and anxious to learn how to talk with children. They also learn that, in efforts to discover domestic violence and prevent its recurrence, children can be the "ticket to entry" into embattled homes.

Zuckerman also underscores the important part to be played by the police. "It's been quite rewarding," he says, "to work with the police and sit in their sessions and see how they gain skills and come back and tell us stories about new interactions they have had with children and how pleasing it is to them."

"We have to form coalitions to support them. Communities, police, and health professionals need to work together. Children have to see that adults are actively working for them."

## A COMMUNITY WAKE-UP CALL

The Carnegie task force strongly recommended that every community in America focus on the needs of children under age three and their families by initiating a community-based strategic planning process and by experimenting with the creation of family and child centers in all communities.

An important part of the recommendations is the expansion of Head Start and the use of it as a model to meet the needs of more low-income families with infants and toddlers.

*Starting Points* sounded a wake-up call. As study director Young puts it, "All Americans must work together, in their homes, workplaces, and communities, to ensure that children under the age of three, our most vulnerable citizens, are given the care and protection they need and deserve."

And the time? That was a decade ago; it is now time to catch up.

Random visits to the places that provide care and protection, and conversations with caregivers and other experts, drive home the need as well as the penalties of ignorance and neglect: but they also show the rewards of caring, of sound judgment, and of child-oriented policies.

One of America's top priorities, certified by the president, Congress, and the governors, is the goal that by the year 2000 — only six years from now — all children will enter school ready to learn. Can that goal be reached? The answer depends primarily on the way babies are brought into the world and are nurtured and cared for during their earliest years. Will the babies struggling to survive in the hospitals' intensive care units — if they live — be ready to learn when they enter school? The prognosis is not good.

Will there be many more babies, unplanned and perhaps unwanted, starting life at highest risk? Will infants and toddlers be protected against violence at home and in the streets that saps their spirits and distorts their minds? The answers must come from many sources — from educators, health providers, and advocates of family planning to shapers of public policy; from those who teach how to resolve conflict and prevent violence to a justice system that protects children and families while penalizing violence.

Fortunately, successful programs, created and led by expert and caring adults, show what can be done. They point the way to a safer future for babies and their parents, substituting enlightenment and hope for what is at present a trap of ignorance, hopelessness, and fear.

The happy gurgling of infants and the laughter of toddlers sound another kind of wake-up call. The celebration of their first paintings and their rapt delight in a new story or the pictures in a book are cues to the potential to be explored, elicited, and fulfilled.

The confidence gained by mothers and fathers who know that their infants are under expert and loving care can open new worlds of diminished risks and expanded opportunities. The programs and experiences cited in this review are only a few examples of the myriad local and institutional efforts, public and private, serving infants, toddlers, and their families. They are intended to illustrate the possibility of successful action and the necessity to build on what has already been achieved.

No visit to a successful program and no conversation with a dedicated caregiver ends without a realistic acknowledgement that, to meet the needs of America's youngest children, to make their lives safe and productive, to prepare them to enter school ready to learn, will not come without a price tag. The wake-up call is a call to catch up with what other countries have already achieved and a pledge to put into new babies' reach what remains for many young parents a distant dream.

Because the money, as well as the action, must come from the widest variety of sources, it would be foolish to put fixed numbers on the cost of implementing the recommendations of *Starting Points*. Not the White House, not Congress, not any other player, public or private, has been willing or able to put such a figure on the rebuilding of the country's weakened infrastructure. Should such an accountant's estimate be attached to America's true infrastructure — its children? ■

— FRED M. HECHINGER

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**Reference:**

Starting Points: Meeting the Needs of Our Youngest Children, *the report of the Carnegie Task Force on Meeting the Needs of Young Children, may be ordered from Carnegie Corporation of New York, Box 753, Waldorf, MD 20604. The price is $10.00 for a single copy, including shipping and handling. All orders must be prepaid by check or money order.*

# A CALL TO ACTION

The Carnegie Task Force on Meeting the Needs of Young Children in its report, *Starting Points*, calls upon all sectors of American society to join together to offer a good start in life to all children under the age of three. It asks the president to ensure the adequacy, coherence, and coordination of federal programs for families with young children. It urges the expansion of Head Start to serve children under three, an enhanced Family and Medical Leave Act, and new money for quality child care for families with young children.

It urges federal agencies to identify and remove the obstacles that states and communities encounter as they implement federally funded programs or test innovative solutions. It urges every state to review its regulatory framework, particularly standards in child care, with a view toward raising the quality of existing services and creating incentives for local innovation.

It calls upon community leaders to support local efforts to direct attention and resources to meet the needs of young children and to introduce mechanisms for monitoring results. It asks them to create or strengthen neighborhood family and child resource centers.

It calls upon the private and philanthropic sectors, including foundations, to pay more attention to this age group and to expand their support of initiatives on behalf of children under age three.

It urges educators, working with other community agencies, to incorporate services to children under age three in their plans for schools and the expansion of efforts to educate young people about parenthood. It asks educators to provide more training and technical assistance to child care providers.

It calls upon health care decision makers to include family planning services, comprehensive prenatal care for expectant mothers, and universal primary and preventive care for children in any plan for national health care reform.

It urges service providers in child care, health, and social services to take a family-centered approach to meeting the needs of young children. It asks them to offer staff, parents, and other caregivers opportunities to learn more about the needs of families with young children, about child development, and about promoting children's health and safety.

It calls upon business leaders to support policies that result in family-friendly workplaces, in particular strengthening the Family and Medical Leave Act of 1993, introducing flexible work schedules, and making available on-site or nearby child care.

It calls upon the media to deliver strong messages about responsible motherhood and fatherhood and to portray family life in ways that further parents' understanding of the importance of the first three years.

Perhaps most importantly, it calls upon mothers and fathers to do everything in their power to secure the knowledge and resources they need to plan and raise children responsibly. ■

# TO CREATE A CULTURE OF RESPONSIBILITY TOWARD YOUNG CHILDREN

By Kathryn Taaffe Young

Why are the first three years of a child's life so critically important? Why should this country be so concerned?

The answer lies in the pace at which the young child is growing and learning. At no other time in life do such profound changes occur so rapidly. The newborn begins as a completely dependent human being and in three very short years develops into a child who has the capacity to be self-confident and trusting, intellectually inquisitive, able to use language to communicate, able to walk, play, explore, feed herself, relate well to others, regulate her own impulses, and have a sense of humor.

But all of this does not happen magically or by chance. Early development, and most particularly brain development, is influenced by what happens in these early weeks, months, and years. One can now say with greater confidence than ever before that the brain responds to experience.

Brain cell development is virtually complete before birth. During the prenatal period the brain develops from a few cells to billions of brain cells. But, like a sculptor's chiseling of a block of marble, in the first two years of a baby's life, the brain creates a more efficient pattern of connections between neurons and synapses. This process continues through adolescence but is most dramatic in the early years. Brain scanning techniques now show that the biochemical patterns of a one-year-old's brain qualitatively resemble those of a normal young adult.

But what environmental factors are most influential?

Nutrition is the most obvious example. Inadequate nutrition before birth and in the first years of life can so seriously interfere with brain development that it may lead to a host of neurological and behavioral disorders, including learning disabilities and mental retardation. It is also known that a young child's social environment can activate hormones that affect brain function, including memory and learning.

What specific parental and family interactions in the first three years foster a child's healthy development? There is compelling evidence that growing up in a family with one or two dependable adults whose childrearing practices are positive and appropriate makes a difference.

Babies thrive on one-to-one interactions with caring adults. The secure attachment that develops between a baby and her parents is an important achievement for the first year.

Infants and toddlers' early experience with adult caregivers — parents and other adults in group child care settings — also provide the building blocks of intellectual competence and language comprehension. Touching, holding, and rocking a baby as well as stimulating the baby through talking, reading, and playing seem most effective for brain development and overall healthy development. Infants and toddlers need time with caring adults. Parents are also the primary instruments for a child's early socialization. By establishing consistent routines, teaching acceptable behaviors, guiding health habits, and helping children control disruptive or overly impulsive behavior, parents lay the foundation for the child's capacity to behave in socially acceptable ways. When parents and other caring adults perform these activities responsively and attentively, they foster their child's early competence in ways associated with later academic achievement, work performance, and social adaptation.

If young children are to master these multiple tasks, they need contact with caring adults who are themselves mature and self-controlled and who are knowledgeable about human development. This is the essence of healthy childrearing: the family's care of the young child, its commitment to the child, and the economic, social, and community resources available to her.

Yet across the United States one can hear rumblings of a quiet crisis. The nation's children under three and their families are in trouble, and their plight worsens every day.

Pressures on both parents to work means parents have less time to spend with their young children — they feel the stress. Most parents have to return to work too soon after the birth of a baby because they do not have access to adequate parental leave policies.

When parents return to work, they are concerned about what will happen when they are not with their baby. Today, in America, more than 53 percent of mothers return to work within the first year of their baby's birth. Group child care for infants and toddlers is hard to find, costly, and often of substandard quality. Parents do not want their young children to suffer, but they have few choices.

By 1990, families with children under three constituted the largest single group living in poverty: twenty-five percent of all babies and toddlers are growing up in poverty and, surprisingly, most of these children have at least one working parent.

As many as 60 percent of all two-year-olds have not been fully immunized against preventable childhood diseases, and 50 percent have not received the recommended number of well-child visits. The United States stands with South Africa as the only industrialized nations that do not provide health care coverage for all children.

Nearly 25 percent of all pregnant women in America receive little or no prenatal care. The United States has one of the highest unintended pregnancy rates in the industrialized world. One million adolescent girls become pregnant every year; many of these pregnancies are unintended.

Babies under the age of one constitute the fastest-growing category of children entering foster care. Over 50 percent of the children who died of child abuse in 1990 were babies under the age of one.

These facts add up to a crisis that jeopardizes children's healthy development and undermines their school readiness. This is a "quiet crisis," for babies seldom make the news unless they are victims and their parents, often young people struggling to balance home and work responsibilities, have little economic clout and say in communities. Moreover, these first three years have been associated with the home — a private realm into which policymakers have been reluctant to intrude.

Yet, America's business and political leaders are understandably worried about the nation's children and about its educational system. Their concern is well founded, but school reform alone is not the answer. Children's capacity to achieve a good education depends in large part on what happens before they get to school.

The Carnegie task force proceeded from the assumption that, given sufficient focus and political will, America can begin to find its way toward solutions to reverse this pattern of neglect. It is possible to formulate and implement social policy that responds to the most urgent needs of the youngest children and their families.

The recommendations contained in *Starting Points* are not pie in the sky. A great deal is known about the kinds of services and supports that families with infants and toddlers need. This report describes programs that work:

- The California Child Care Initiative
- Birth to Three, Eugene, Oregon
- The U.S. Army's child care program
- Colorado's Families and Children Cabinet Council
- Kentucky's Family Resource Centers
- The Every Child by Two immunization program
- Hawaii's Healthy Start
- San Antonio's Avance program

These examples can be implemented on a broad scale in communities across this nation to assure that every family with a newborn is linked to a source of comprehensive health care, quality child care, and parenting support.

Public investment must change course: it is time to establish new ways to prevent problems before they occur. Setting family-centered public policies means paying attention to both parents and children with strategies that promote high-quality care of young children, access to comprehensive health care, and parenting support. It is essential that pivotal institutions work together.

What will be the cost? It is not easy to put a dollar figure on the actions needed to improve and ensure the healthy development of our nation's youngest children. For there is not one institution that is responsible.

Some of it can be done without new money. Education about parenthood can be made part of the curriculum in human biology and life sciences classes. Lessons in conflict resolution for parents to prevent child abuse and provide information about child safety can be made part of existing parent education and support programs. All levels of government can assess how they can reallocate resources through more coherent strategies and efficient delivery systems.

Providing access to comprehensive health care, paid parental leave, and quality child care does not come without a price tag. These are catch-up measures that need to be accomplished with the understanding that the result will be in massive savings.

- Good health is less costly than disease.
- Planning for children and ensuring prenatal care are less costly than teenage pregnancies and the birth of damaged and low-birthweight babies.
- Sensitive and consistent care and nurturance of infants and toddlers by parents and child care providers is less costly than school failure, school dropout, violence, and juvenile delinquency.

All Americans must work together in their homes, workplaces, and communities to ensure that children under the age of three — our most vulnerable citizens — are given the care and protection they deserve. To do this is not an act of charity. Nothing less than the well-being of the society and its vital institutions is at stake. Historically, when America has decided something is worth doing, it has gotten the job done.

It is possible to enable parents both to work and to nurture their children.

It is possible to have all two-year-olds fully immunized.

It is possible to have communities that are family-centered and free of violence.

It is possible to have no children growing up in abject poverty.

It is possible to give all babies a decent start in life.

Now is the time to sound the alarm — and to answer it. ■

*Kathryn Taaffe Young is director of studies for the Carnegie Task Force on Meeting the Needs of Young Children. She is a developmental psychologist and the principal author of the task force's report,* Starting Points: Meeting the Needs of Our Youngest Children. *This article is adapted from her speech delivered at a national conference convened by Carnegie Corporation in Washington, DC, April 12, 1994, to release the report and consider its recommendations.*

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## CARNEGIE COMMISSION ON PREVENTING DEADLY CONFLICT

In January 1994 the Corporation's board approved establishment of a Commission on Preventing Deadly Conflict. The commission members — sixteen eminent scholars and policy practitioners from Latin America, Europe, Africa, Asia, Australia, and the United States — will analyze the factors that cause intergroup conflicts to escalate into deadly confrontation and suggest ways that the international community may most effectively address and prevent this intensification. Over a three-year period, the commission will generate several reports and disseminate them widely. Jane E. Holl, a political scientist who most recently served as director for European affairs at the National Security Council, is executive director. Corporation president David A. Hamburg and former U.S. secretary of state Cyrus R. Vance serve as cochairs.

## NEW MEETING PAPER

The Corporation recently published a meeting paper, *Strategies to Reduce Urban Poverty: Integrating Human Development and Economic Opportunity*, by Susan V. Smith. The paper synthesizes the proceedings of a conference convened by the Corporation in Washington, D.C., on November 22–23, 1993, which brought together independent experts and their government counterparts to address two main approaches to reducing urban poverty and the linkages between them. Copies are available free on request from the Corporation.

## NEW OCCASIONAL PAPER

The Corporation recently published an occasional paper, *American Renewal*, by John W. Gardner. Citing "grievous problems" that include the national debt, poverty, infant mortality, environmental degradation, and a decaying infrastructure, Gardner argues that all U.S. citizens have reason to be worried about the state of the nation; equally serious are the cynicism and feeling of powerlessness that have led Americans to disengage from the political process. Yet grounds for hope can be found in a wave of grassroots innovation: efforts by neighborhood leaders, health workers, corporate volunteers, and foundation officers and other members of the nonprofit sector to tackle tough issues ranging from health care to job training to deficit reduction. These problem solvers, whom Gardner calls "the keepers of the American spirit," are urged to persuade their fellow citizens that energy and discipline are necessary to solve the nation's problems — and that there is a role for everyone to play. Under their leadership, says Gardner, the nation can renew its institutions and rebuild its communities.

Gardner, who holds the Miriam and Peter Haas Centennial Professorship in Public Service at Stanford University, served as Corporation president from 1955 to 1967. The paper is based on a speech he delivered at the annual meeting of the Corporation's board of trustees on January 13, 1994. Copies are available free on request from the Corporation.


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